Best Available Copy

								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (C						nn 2)		MALL EN		OR	OTHER SMALL E	
TOTAL CLAIMS			1:1					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			(minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· Ø		Γ	X40=		OR	X80=	
MUI	TIPLE DEPEN	DENT CLAIM PF	RESENT					+135=		OR	+270=	
* If t	the difference i	ess than ze	ss than zero, enter "0" in co			L	TOTAL		OR	TOTAL	710	
	CI	-	MENDED	NDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OTHER SMALL	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	American de la companya de la compan	HIGI NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	lſ	X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***		=	l	X40=		OŘ	X80=	
A	FIRST PRESENTATION OF MULTIPLE DEPEN			PENDEN	IT CLAIM]	+135=		1	+270=	
										OR	TOTAL	
								TOTAL DDIT. FEE		OR	ADDIT. FEE	
	a magazini a magazini a ci o o o o	(Column 1)	1		umn 2) HEST	(Column 3)	1 г		ADDI-	1		ADDI-
AMENDMENT B	1	REMAINING AFTER AMENDMENT	1	PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				NT CLAIM		J ├	+135=		1		
							Ŀ	+135=		OR	TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	<u></u>
		(Column 1) CLAIMS			umn 2) SHEST	(Column 3)) 1 -		4001	7		T ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NU PRE\	IMBER VIOUSLY ID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	j
MEN	Independent	*	Minus	***		=]	X40=			X80=	
ľ	FIRST PRESE	ENTATION OF M	NULTIPLE DE	PENDE	NT CLAIN	1 🔲	J ⊦			1	` <u> </u>	1
			4ha aman:		rito «O» is s	olumn 3	Į	+135=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OF	ADDIT. FEI	E
"	The "Highest Nu	mber Previously P	aid For" (Total	or Indepe	ndent) is th	ne highest numl	ber fou	ınd in the ap	propriate b	ox in o	column 1.	